

Abbey-Dale Medical Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Abbey-Dale Medical Centre on 17 February 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was consistently and strongly positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw several areas of outstanding practice:

- The practice, together with the health visitor, carried out health checks for babies aged between seven and nine months even though this was no longer funded for the child health screening programme. This ensured continuity of care and improved the uptake of child vaccinations and immunisations.

Summary of findings

- The practice was the preferred provider of care for transgender patients with the local lesbian, gay, bisexual and transgender forum. The practice was commended by the forum for its care and sensitivity and provided care for transgender patients. NHS England supported the practice to provide services for one transgender patient who was outside the practice catchment area.
- The practice ran monthly memory clinics and patients were able to self-refer to these clinics as required.

The areas where the provider should make improvement are:

- Carry out regular audit to inform quality of care and review actions taken as a result of significant event analysis to assess their effectiveness.

- Ensure that potential staff chaperones have a DBS check or risk assessment in place before they act as a chaperone (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Ensure additional training and guidance is sought for GPs in relation to Deprivation of Liberty Safeguards.
- Update the Patient Specific Directions to ensure the administration of vaccinations is patient specific , as authorised by a GP.
- Undertake a Legionella assessment.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs, for example attending palliative care meetings regularly to discuss patients needing end of life care.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care. A patient survey conducted by the practice in May 2015 reported 100% satisfaction with the helpfulness of receptionists at the practice.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We observed a strong patient-centred culture.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient information confidentiality.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified, for example the practice ran monthly memory clinics for patients. One GP was also given protected time to work with patients at risk of admission to hospital. In addition, NHS England funded the practice to provide care for a transgender patient who was outside the practice area.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. An extension to the building and upgrading of all patient areas was also planned to make further improvements.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Patients could access appointments and services in a way and at a time that suited them. Online patient services meant that patients could book appointments and order prescriptions online, and the practice offered evening appointments up to 8.20pm on Mondays.

Good



Are services well-led?

The practice is rated as good for being well-led.

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and had initiated improvements in service delivery.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as outstanding for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of older people in its population.
- A GP was given protected time to work with the practice pharmacist, nursing staff and patients to produce care plans for those patients at risk of emergency admission to hospital or who might need care when the surgery was closed. These plans were reviewed regularly. If a patient was admitted to hospital, the GP reviewed the care plan and the patient was contacted. A home visit or surgery appointment was made when needed.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered a monthly memory-screening clinic that patients could self-refer to if they wished to. If needed, patients were then referred to local memory services.
- Members of the hospital bowel screening team visited the practice every six months to encourage patients to take up this service. This improved uptake among the patient population from 176 patients during 2014-2015 to 183 patients during the same period in 2015-2016.
- The practice had robust systems in place to follow up patients who did not collect their repeat prescriptions or failed to attend appointments at the practice or hospital.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had up to date training in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice achieved 98.2% of available points via the Quality and Outcomes Framework (QOF) in 2014-15. Key achievements for diabetes included 88% of patients with diabetes whose blood pressure readings were equal to or below maximum recommended levels. This was 10% above the national average.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Nursing staff offered home visits to patients who were unable to visit the practice for condition reviews. The practice pharmacist also offered appointments to review patient medications.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations ranging from 84% to 100% and the practice had a robust process to follow up on non-attenders.
- 91% of patients diagnosed with asthma had received an annual review in the preceding 12 months which was above the national average of 75%.
- Cervical screening for women aged 25 to 64 was 72%, which was comparable with the CCG average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice health visitor had been in post for over 20 years. Together with the GP, the practice continued to offer checks to seven to nine month old babies even though funding for this had been removed nationally. This helped provide a continuing relationship with the practice and encouraged further attendance for baby health checks and immunisations.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were offered on a Monday evening up to 8.20pm.

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- We were told that the travelling community recognised the practice as providing exceptional care and there were a large number of patients on the list for this population group. This was also confirmed by the Health Visitor.
- The practice offered longer appointments for patients with a learning disability. When referrals to other services were needed, patients were asked to wait so that the referral process could be explained and the relevant paperwork given to them before they left the practice.
- The practice was recommended by the local lesbian, gay, bisexual and transgender forum as the first choice practice for transgender patients. It commended the practice on its website for its care and sensitivity. NHS England supported the practice to provide services for one transgender patient who was outside the practice catchment area.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. The safeguarding GP lead for the practice was also the safeguarding lead for the CCG and delivered extra in house training to staff.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



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Summary of findings

The practice had recorded an agreed care plan for 100% of patients with a recognised mental health problem compared to the national average of 88%.

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published on 7 January 2016. The results showed the practice was performing above local and national averages. 310 survey forms were distributed and 130 were returned. This represented 3.6% of the practice's patient list.

- 93% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 89% described the overall experience of their GP surgery as good (CCG average 87%, national average 85%).
- 85% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards, 37(93%) of which were very positive about the standard of care received. There were repeated themes throughout the comments saying that staff and GPs were caring, polite, professional, helpful and always tried to accommodate patients who needed appointments. Staff were described as courteous and patients said they felt listened to. Three cards included a negative comment regarding the practice. Two related to previous complaints which the practice had dealt with and one related to the attitude of a staff member which the practice was aware of and was addressing.

We spoke with eight patients during the inspection and one member of the patient participation group who was also a patient. All nine patients said they were happy with the care they received and thought staff were approachable, committed and caring. Only one patient said that they would appreciate more time at an appointment with the GP and better information.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Carry out regular audit to inform quality of care and review actions taken as a result of significant event analysis to assess their effectiveness.
- Ensure that potential staff chaperones have a DBS check or risk assessment in place before they act as a chaperone (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Ensure additional training and guidance is sought for GPs in relation to Deprivation of Liberty Safeguards.
- Update the Patient Specific Directions to ensure the administration of vaccinations is patient specific, as authorised by a GP.
- Undertake a Legionella risk assessment.

Outstanding practice

- The practice, together with the health visitor, carried out health checks for babies aged between seven and nine months even though this was no longer funded for the child health screening programme. This ensured continuity of care and improved the uptake of child vaccinations and immunisations.

Summary of findings

- The practice was the preferred provider of care for transgender patients with the local lesbian, gay, bisexual and transgender forum. The practice was commended by the forum for its care and sensitivity and provided care for transgender patients. NHS England supported the practice to provide services for one transgender patient who was outside the practice catchment area.
- The practice ran monthly memory clinics and patients were able to self-refer to these clinics as required.

Abbey-Dale Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a CQC inspection manager, a practice nurse specialist adviser and an expert by experience. (An expert by experience is somebody who has personal experience of using or caring for someone who uses health, mental health and / or social care services and has received training in the CQC inspection methodology).

Background to Abbey-Dale Medical Centre

Abbey-Dale Medical Practice is housed in a purpose built building situated between Blackpool & Lytham St. Annes. The practice provides services to a patient list of 3633 people. The practice has been given planning approval to extend the building in the near future and plans are in place to amalgamate the practice services with those of another single-handed practice following this extension.

The practice is part of the NHS Blackpool Clinical Commissioning Group (CCG) and services are provided under a Personal Medical Services Contract (PMS). There are four GP partners (three male and one female). The practice also employs one practice nurse, one health care assistant and a pharmacist. There is also an additional health care assistant who is employed by the local hospital trust and works at the practice. Non-clinical staff consist of a practice manager, a practice manager assistant and eight administrative and reception staff.

The practice is open between 8am and 6.30pm Monday to Friday, with appointments offered between 8.30am and

5.40pm. Extended hours are offered between 6.30pm and 8.30pm on Monday evening with appointments available until 8.20pm. When the practice is closed, patients are able to access out of hours services offered locally by the provider Fylde Coast Medical Services by telephoning a local number or 111.

The practice has a higher proportion of patients over the age of 45 when compared with the England average. Figures show that the practice has 21.3% of patients aged 65 and over compared to the England average of 16.7%.

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice caters for a lower proportion of patients experiencing a long-standing health condition (52% compared to the national average of 54%). There are significantly more disability allowance claimants per 1000 (79) than the national average (50). The proportion of patients who are in paid work or full time education is slightly lower (59%) than the national average of 60% however those unemployed are significantly lower, 1% compared to the national average of 6%.

The practice provides level access to the building and is adapted to assist people with mobility problems. A stair lift provides access to one consulting room on the first floor if needed.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

Detailed findings

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 February 2016. During our visit we:

- Spoke with a range of staff including three GP partners, the practice manager, the practice pharmacist a practice nurse and a healthcare assistant, as well as two members of the administration team. We also spoke with nine patients who used the service, one of whom was a member of the Patient Participation group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice reviewed the protocol for taking emergency telephone calls in reception. A new emergency protocol was put in place and further information was added to the information screen in the waiting room and on the practice answerphone regarding life-threatening illnesses.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- There was a lead member of staff for safeguarding who provided additional training to all staff and GPs on safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who

acted as chaperones were trained for the role. Two new staff who had been trained to act as chaperones had not received a Disclosure and Barring Service (DBS) check or been risk assessed for the role. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However these staff had not acted as chaperones to date.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw plans to upgrade all treatment rooms when the planned building work takes place.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice pharmacist carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The pharmacist had also adapted a CCG repeat prescribing protocol for specific practice use in order to make the process safer. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had Patient Specific Directions (PSDs) to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. However these were not patient specific, to ensure the administration of vaccinations was approved and authorised by a GP.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. However, appropriate

Are services safe?

checks through the Disclosure and Barring Service (DBS checks) had not been undertaken for two new members of the reception staff although they were in place for long-standing staff members.

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. When patients did not attend for screening, the practice contacted them to encourage them to attend.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster displayed which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health and infection control. The practice had not risk assessed for the presence of Legionella. The practice had no water tank on the premises so this was not an on-going risk, although a risk assessment to demonstrate the absence of a tank should be undertaken. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice offered an incentive in the form of extra leave to staff who had a good attendance record. The practice GPs all provided extra sessions when there were holidays and there was good GP locum cover.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There were also panic buttons on all telephones. There was a direct link to the local Police service in reception and one of the consulting rooms.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits. Changes to guidelines were discussed at practice meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.2% of the total number of points available, with 12.8% exception reporting.

(Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was better than the CCG and national averages. For example blood measurements for diabetic patients showed that 88% of patients had well controlled blood sugar levels compared with the CCG average of 85% and national average of 81%.
- 89% of practice patients with hypertension having regular blood pressure tests had their blood pressure well controlled. This was better than the CCG average of 86% and the national average of 84%.
- Performance for mental health related indicators was better than the national average. For example 91% of patients with dementia had a face-to-face review compared to the national average of 84%.

Clinical audits demonstrated quality improvement.

- There was no regular audit plan in place, however the practice had completed three clinical audits. These were an audit of general antibiotic prescribing, an audit of cephalosporin (a broad-spectrum antibiotic) prescribing and an ongoing audit of minor surgery. Although these were not full audit cycles we saw evidence that the results were used to improve care and treatment. The practice pharmacist undertook audits in prescribing such as the antibiotic prescribing audit. This was monitored over a three year period and showed improvements in practice. There had also been improvements demonstrated in the prescribing of certain drugs where the practice was previously an outlier.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- There was an ongoing audit of minor surgery for every procedure performed showing the maintenance of quality of service.

Information about patients' outcomes was used to make improvements

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions, staff administering vaccinations and taking samples for the cervical screening programme. Staff had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, locally-provided training and discussion at practice meetings.
- The GP who was the practice lead for safeguarding was also the CCG lead for safeguarding. This safeguarding role enabled the GP to provide additional training to the practice and ensured that the practice stayed updated in safeguarding matters.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months. Staff we spoke to felt confident they had the knowledge and skills necessary to fulfil their role and that they were supported in identifying and accessing further training.

- GPs we spoke to had a good knowledge of the Mental Capacity Act (MCA) but had limited understanding of the Deprivation of Liberty Safeguards (DoLS).
- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff received further annual training that included basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The service that offered care to patients out of normal surgery hours had access to essential information on patient medical records.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The pharmacist gave patients advice on managing their medications. Patients were signposted to the relevant service where appropriate.
- The practice's uptake for the cervical screening programme was 72%, which was comparable to the CCG and the national averages. There was a policy to write to patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Members of the hospital bowel screening team came into the practice waiting area every six months to encourage patients to take up this service. This improved uptake among the patient population. Latest figures showed 176 patients attended screening in 2014-2015 and 183 for the same period in 2015-2016.
- The practice offered face-to-face health reviews for all patients with a learning disability.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 98% and five year olds from 84% to 97%.

Are services effective?

(for example, treatment is effective)

Flu vaccination rates in the winter of 2014-2015 for the over 65s were 75%, and at risk groups 48% These were comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could speak to them at a dedicated, private reception window to discuss their needs.

37 of the 40 patient Care Quality Commission comment cards we received were positive about the service experienced. There were repeated themes throughout the comments saying that staff and GPs were caring, polite, professional, helpful and always tried to accommodate patients who needed appointments.

We spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said that they always felt valued and listened to. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. One comment card said that the practice had "gone above and beyond for us" when the family was suddenly bereaved.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% said the GP gave them enough time (CCG average 86%, national average 87%).
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 99% said the last nurse they spoke to was good at treating them with care and concern (CCG average 94%, national average 92%).

- 100% said that they had confidence in the last nurse they saw or spoke to (CCG average 97%, national average 97%).
- 98% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 85% said that the GP was good at involving them in decisions about their care (CCG average 82%, national average 81%).
- 93% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

One of the GPs worked to develop and review care plans for vulnerable patients to try to prevent unplanned admissions to hospital. At the time of the inspection, there were care plans for 4% of the practice population that had been developed this way. Protected time was given to this GP by the practice to enable this to be done and three surgery sessions every week were freed up using a regular locum GP. Care planning was done in consultation with the patient or their carer.

Staff told us that translation services were available for patients who did not have English as a first language. One of the GPs was fluent in seven languages besides English.

The practice used an electronic booking service for referring patients for further treatment. This system involved sending letters to patients asking them to book appointments using the information supplied. If a patient

Are services caring?

was particularly elderly, vulnerable or needed urgent treatment, the letters were produced at the time of the GP request for referral and handed to the patient with a verbal explanation if necessary.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 4% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

The practice had a list size of 3633 patients and the relationship between staff and patients was close. If a family suffered bereavement, GPs encouraged patients to come into the practice or visited them at home. We saw evidence that bereaved patients were supported and cared for with compassion.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered a monthly memory-screening clinic run by a nurse and patients could self-refer to these clinics as required.

- The practice offered appointments on a Monday evening until 8.20pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or who had multiple problems and this was advertised in the practice leaflet.
- Home visits by GPs and nurses were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. We were told that GPs would always see patients who needed urgent treatment on the same day. We saw a previous day's surgery that had been extended to accommodate an additional medical emergency patient.
- The practice, together with the health visitor, carried out health checks for babies aged between seven and nine months even though this was no longer funded for the child health screening programme. This ensured continuity of care and improved the uptake of child vaccinations and immunisations.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- A stair lift was available for patients to access the first floor consulting room if needed. If patients were unable to use the lift, the GP would come downstairs to another room.
- The practice was recommended by the local lesbian, gay, bisexual and transgender forum as the first choice practice for transgender patients. It commended the practice on its website for its care and sensitivity. NHS England supported the practice to provide services for one transgender patient who was outside the practice catchment area.

- The practice also provided care for the local travelling community and we were told that it was the practice of choice for this patient group.
- The practice pharmacist conducted face-to-face reviews with patients who were prescribed medications needing review. This had proved effective in ensuring patients complied with their medication and ensured optimisation of all medication.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available from 8.30am to 5.40pm daily. Extended surgery hours were offered between 6.30pm and 8.30pm on Mondays. In addition to pre-bookable appointments that could be booked several weeks in advance, same day appointments were available and urgent appointments for people that needed them. On the day of inspection, we saw that there were still appointments available from the following day onwards.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 82% and national average of 75%.
- 95% of patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice recognised the value patients placed on continuity of care and always tried to accommodate patients wherever possible. This resulted in much higher satisfaction scores in the GP patient survey. 75% of patients said they always or almost always see or speak to the GP they prefer (CCG average 57%, national average 60%).

Patient reports of long waiting times in reception for a particular GP led to a revised appointment schedule for that GP.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The practice website and the practice leaflet provided information on how to complain.

We looked at 11 complaints received in the last 12 months and found that all of them were handled promptly and appropriately. The responses demonstrated openness and transparency with the complainant and offered an apology where necessary. Lessons were learnt from concerns and

complaints and action was taken as a result to improve the quality of care. For example, there had been complaints regarding the attitude of a staff member and the practice was aware of this and was working to address it.

The patient participation group raised concerns regarding the numbers of patients who did not attend their booked appointment. As a result, the practice displayed the numbers of missed appointments each week in the waiting room and used a text messaging service to remind patients to keep their appointment.

Following concerns from patients regarding one GP running late during surgery sessions, appointment timings were adjusted to reduce patient waiting times.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- Staff we spoke to shared a common ethos to provide the best possible service to patients.
- The practice had a robust strategy and supporting business plan. Much of the practice plans centred on the building and service extension and this was discussed at GP weekly meetings.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had identified leads for clinical and administrative areas in the practice and there was an organisation chart available to all staff.
- Practice specific policies were implemented and were available to all staff in a shared area on the computer system.
- A comprehensive understanding of the performance of the practice was maintained. The Quality Outcomes Framework (QOF) was audited each month, a report prepared and then shared at practice meetings (QOF is a system intended to improve the quality of general practice and reward good practice).
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We saw an ongoing audit of minor surgery which monitored the outcomes of the surgery and ensured that a safe, quality service was provided.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings and minutes of these meetings were shared in an appropriate way on the practice computer system or by email.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management at any time. The practice rewarded staff performance and loyalty with whole practice social events. The practice also rewarded staff with good sickness records with additional leave.
- Staff we spoke to felt that there was a strong team-working ethos in the practice and staff turnover was very low.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met every two months and submitted proposals for improvements to the practice management team. For example, at the suggestion of the PPG, a new surgery leaflet was produced for new and existing patients and a dedicated PPG noticeboard was put up in reception.
- The practice had run its own patient survey in 2015 that yielded very positive results in line with the national survey. The issue of car parking was raised and the practice planned to manage this within existing plans for practice development.

- All staff had an annual appraisal and feedback was gathered and actioned if necessary.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and meetings had recently started that involved the practice in a new neighbourhood of local practices to develop new services and ways of working for patients.

The practice was looking towards future extension with a merger with another practice and major building works to provide further consulting, treatment and administration rooms and a large car park for patients.